

To: 571-273-8300

From: Eden

Pg 1/30 10-21-05 05:32 PM CST

RECEIVED  
CENTRAL FAX CENTER

**CERTIFICATE OF TRANSMISSION**

OCT 21 2005

Date of Transmission: **21 October 2005**

I hereby certify that the following correspondence is being facsimile transmitted to the attention of the Director of the US Patent and Trademark Office on the above date via the following facsimile number: 571-273-8300.

PTO/SB/30 Request For Continued Examination (RCE) Transmittal (1 sheet)

PTO/SB/17 Fee Transmittal Form (1 sheet)

PTO-2038 Credit Card Payment Form (1 sheet)

Reply to Office Action dated 25 May 2005 (17 sheets)

Declaration Under 37 C.F.R. § 1.132 (9 sheets)

Application Number

**09/650,733**

Confirmation No.:

**2432**

Filing Date:

**30 August 2000**

Document Submission Date: **21 October 2005**

Docket: **1011-002**

Art Unit: **3628**

Examiner: **Vincent, David Robert**

Inventor: **Pilato, Alejandro M.**

**Pages: 30**

---

21 Oct 2005

Date

Eden Brown

Name of Certifier

*Eden Brown*

Signature of Certifier

RECEIVED  
OIPE/IAP

OCT 24 2005

RECEIVED

From: Eden **CENTRAL FAX CENTER** 3/30 10-21-05 05:32 PM CST

OCT 21 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no burdens are imposed to exceed the collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ **620.00**)

Complete If Known	
Application Number	<b>09/650.733</b>
Filing Date	<b>30 August 2000</b>
First Named Inventor	<b>Pillato, Alejandro M.</b>
Examiner Name	<b>Vincent, David Robert</b>
Art Unit	<b>3628</b>
Attorney Docket No.	<b>1011-002</b>

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-2504** Deposit Account Name: **Michael N. Haynes**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2035.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee Paid (\$)
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	0	25	0		
HP = highest number of total claims paid for, if greater than 20				50	25

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = 0 x 100 = 0

HP = highest number of independent claims paid for, if greater than 3

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	0 (round up to a whole number) x 125 = 0	125	0

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification	\$130 fee (no small entity discount)	0
Other: Request for Continued Examination (RCE), Second Month Extension		620

**SUBMITTED BY**

Signature	<i>Michael N. Haynes</i>	Registration No. 40,014 (Attorney/Agent)	Telephone 434-972-9986
Name (Print/Type)	Michael N. Haynes		Date 21 Oct 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.